## Stanwood-Camano School District **Early Entrance Assessment**

Name:	Birth Date: Date of Assessment:	Age: Examiner:	
	Parent Question	naire	
Health and family inform	nation:		
Why are you requesting	early entrance for your child?		
Has your child attended	a preschool program or group da	ycare?	
What kinds of activities	does your child enjoy?		
What are your child's pa	rticular strengths?		
What are your child's pa	rticular weaknesses?		
Does your child separate	easily?		
How does he/she socialize	ze in group situations?		
	(gross and fine), concepts (early 1	cators for the Assessment of Lear mathematic skills), language (earl	_
Children whose performa	ance falls within the 85th percenti	le or above in at least 4 of 5 areas	S

screened, and whose fifth area falls within the 50<sup>th</sup> percentile or above will be recommended for

kindergarten this coming fall.